**Department of Psychology**

**Graduate Student Request to Work**

**More than 20 Hours/Week During the Academic Year**

**Instructions:** Any graduate student employed by the university who wishes to work more than 20 hours/week during the academic year must request permission from the Student’s Advisor (who reviews student progress) and the Assoc. Chair of Graduate Studies (who approves additional hours). This policy applies to all student employment categories such as GRA, GTA, hourly wage, etc. University policy prohibits graduate students from working more than **29** hours per week during the academic year and more than **1450** hours per year (May 1-April 30).

Students must: 1) complete this form; and 2) attach a short memo (no more than one page) summarizing their progress in the program so far, the nature of the additional work, and how the additional work will benefit their scholarly or professional development.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **G#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Hours/Week: \_\_\_\_\_\_\_\_\_ Additional Hours/Week Requested: \_\_\_\_\_\_\_\_\_\_**

**Total Projected Yearly Hours (period from May 1 – April 30): \_\_\_\_\_\_\_\_\_\_**

**For Which Semester or Academic Year: \_\_\_­­\_\_\_\_\_\_\_\_**

**Student Signature**

I have read the instructions and have attached a memo as described above.

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Student Signature Date

**Approval Signatures**

A review of the student’s degree progress has been completed. The extra hours requested should not impact the student’s timely degree completion.

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Student Advisor Signature Student Advisor Name (printed) Date

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Assoc. Chair Signature Assoc. Chair Name (printed) Date

 *Last Update: March 2017 sjr*